

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|--|-----------------------|-----------|
| 1 Date of Request: <u>03/17/07</u> | | 2 Serial/Patent # <u>10/763,870</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| | Extension of Time | | 11/20/06 | \$ 510.00 |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | 1 | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 510.00 |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | <input checked="" type="checkbox"/> X | Treasury Check | |
| Overpayment | | <input checked="" type="checkbox"/> X | Credit Deposit A/C #: | |
| Duplicate Payment | | 9 50--3443 | | |
| No Fee Due (Explanation): | | | | |
| Outside Max Statutory period for reply | | | | |
| | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Kenya A. McLaughlin</u> | | TITLE: <u>Petitions Attorney</u> | | |
| SIGNATURE: <u>/kenyamclaughlin/</u> | | PHONE: <u>571-272-3222</u> | | |
| OFFICE: <u>Office of Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u><i>Alicia Kell</i></u> | | DATE: <u>3/21/07</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



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| | | |
|--|------------|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i> | | Docket Number (Optional) ROG030.10001 |
| Application Number 10/763,870 | | Filed January 23, 2004 |
| For HAIR HOLDING DEVICE WITH ELASTIC CLOSURE OPERATION | | |
| Art Unit 3732 | | Examiner R.K. Doan |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ <u>510</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>503443</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,328</u> | | |
| _____ Signature | | <u>November 15, 2006</u> Date |
| <u>John F. Letchford</u> Typed or printed name | | <u>856 354 3013</u> Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Adjustment date: 03/21/2007 AKELLEY
11/21/2006 AWONDAF1 00000035 10763870
02 FC:2253 -510.00 OP
Repln. Ref: 03/21/2007 AKELLEY 0010505000
DAH:503443 Name/Number:10763870
FC: 9204 \$510.00 CR

11/21/2006 AWONDAF1 00000035 10763870

510.00 OP

02 FC:2253